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PO BOX 459079  
SUNRISE FL 33345-9079

November 30, 2015



ARS ▲ 018461 Y/AABB  
ELAINE LEVINS  
84 LINCOLN DR.  
CLEMENTON NJ 08021-2856

**Account Resolution Services  
a division of HRRG, LLC  
P.O. Box 459079  
Sunrise, FL 33345-9079  
Toll Free Phone 800-694-3048  
En Espanol 800-694-3397**

[www.arspayment.com](http://www.arspayment.com)  
PIN# 2.80864955.525

Re: 80864955 Validation Notice

Dear Elaine Levin:

The healthcare creditor(s) shown below hired ARS Account Resolution Services (ARS) to collect the balance due. We may report any outstanding balances to the major credit bureaus. To pay, just fill in your credit card information on the reverse side of this notice, or enclose your check/money order payable to the creditor, along with the payment voucher below. To pay using our automated IVR accessible 24 hours a day, call 844-PAY-ARS2 (844-729-2772) or visit our website at [www.arspayment.com](http://www.arspayment.com). Both options require the PIN # and the RE# listed above along with the last four digits of your social security number.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor. If different from the current creditor.

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose. (NOTICE : SEE REVERSE FOR IMPORTANT INFORMATION).

Client Account: 0411 - 44427216

Amount Enclosed \$

Creditor	Account #	Regarding	Amt Owed	ServDate
ATLANTIC ER PHYS TEAM PED	0139549982-441427216	LEVINS, MADELINE	169.82	09/02/14

ARS  
PO BOX 630806  
CINCINNATI OH 45263-0806

3 980864955 000016982 0139549982 3 8

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**EXHIBIT**

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PLEASE NOTE: This transaction will appear on your next credit card statement as "ARS".

For your convenience you may use MasterCard, VISA, American Express or Discover. Check the appropriate box, print the cardholder's name as it appears on the card, the card number, the expiration date, name and return this portion of your statement.

CREDIT CARD PAYMENT		Master Card / Visa / AmEx / Diners
CARD NUMBER		
EXPIR. DATE		
SIGNATURE		
NAME AS IT APPEARS ON CARD - PLEASE PRINT		
PHONE NUMBER		

#### CHANGE OF ADDRESS

Address: \_\_\_\_\_

Apt./Unit#: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

CONFIDENTIAL

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